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GELSEMINUM NITIDUM OF PURSH.

*Notice of some of the Medicinal Powers and Therapeutic Applications of the Gelseminum Nitidum of Pursh.* By WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics in the Medical Institution of Yale College.

[Communicated for the Boston Medical and Surgical Journal.]

IN Elliott's Sketch of the Botany of South Carolina and Georgia (published at Charleston, S. C. 1821) it is said, on the authority of the late James McBride, M.D., that the root, flowers, etc. of this shrub are narcotic. It is added, that the effluvia of the flowers sometimes induce stupor, and that a spirituous tincture of the root has been used successfully in rheumatism. From this statement I was induced, many years ago, to obtain specimens of this article, and to make a course of observations upon it, which resulted in full conviction that it was a valuable medicinal agent, and might be an important acquisition to the *materia medica* of the United States. Within the last half dozen years, I have again been repeatedly supplied with parcels of this plant by Isaac Branch, M.D., of Abbeville, S. C.; and I have, in consequence, resumed the use of it with much satisfaction. As it is an article but little if at all known as a medicine in the Northern States, it is believed that some account of it, even though in many respects imperfect, may possibly be a matter of interest to some of the readers of the Boston Medical and Surgical Journal.

This plant is denominated *Gelseminum nitidum* by Pursh; *Gelsemium sempervirens* by Elliott; *Gelseminum, s. Jasminum luteum*, etc. by Catesby; *Gelsemium nitidum* by Michaux; *Bignonia sempervirens* by Walter; and *Syringa volubilis*, etc. by Plukanet. As I have no botanical descriptive work at hand, the above synonymy is given from mere recollection; but it is confidently believed to be correct. I consider Pursh's denomination as possessing a decided preference over all the rest, for reasons which perhaps might not interest my readers generally. The popular denominations of this article are *Yellow Jessamine*, and *Carolina Jessamine*. The former seems to me to be a highly exceptionable name, from the circumstance that a species of true *Jasminum*, almost univer-

sally called *Yellow Jessamine*, is very generally cultivated in various parts of our country ; and the latter is but little, if any better, since our plant is by no means a *Jasminum*, but a genus abundantly distinct. I believe that the *Gelsemium* is arranged by Jussieu in his Natural Order *Apo-cynææ*; but whether subsequent botanists have given it a new location, I do not now recollect, and just at present I have no means at hand of ascertaining. As Linnaeus associated it with his genus *Bignonia*, it must thereby have fallen into his Natural Order *Personatae*. I believe it is indigenous in the United States, from Virginia to Florida, and from the Atlantic to the Mississippi ; but it is said to be the most abundant near the sea coast, and on the banks of rivers. It is not unfrequently cultivated as an ornamental climbing shrub in the State of Connecticut ; but, unless I misremember, its foliage is deciduous, and not semper-virent, in that climate. The genus *Gelsemium*, I think, comprises only a single species.

The part of this plant which I have employed, has been the root exclusively ; and my sole preparation has been the alcoholic tincture, made in the proportions of four Troy ounces in coarse powder, to a pint of officinal alcohol, i. e. alcohol of the specific gravity of .835. It is true, I have not investigated whether officinal alcohol is a better menstruum for its active principles than diluted alcohol, wine, or even water ; but having made my first preparation in this manner, and finding it extremely active and uniform in its powers, and capable of being kept for a long time without any perceptible deterioration, I have never made trial of any other.

The first perceptible operative effects of the *Gelsemium* are the abatement of morbid irritability and irritation, and irritative actions generally, in all parts of the system ; as irritative frequency and hardness of the pulse, irritative cough, irritative wakefulness, irritative pain, and even some fugitive varieties of mere irritative inflammation, especially of the arthritic (i. e. the rheumatic or podagric) sort. If a quantity larger than is barely necessary to produce the above operation is administered, it produces languor and lassitude, a disposition to yawn very frequently, and indisposition for motion or exertion. A still more liberal use of it causes vertigo ; imperfect vision ; great epigastric uneasiness ; nausea and retching, especially on motion ; extremely weak, small, and thread-like pulse, and often also a very unsrequent one ; a pale and haggard expression of the countenance ; coldness of the extremities, and at last of the whole body ; and ultimately even stupor, coma, and death.

From repeated and careful observations, even of the very first operation of this article, I am well satisfied that it never produces any true stimulant effects ; i. e. that it never increases vital energy or strength of action in the heart and arterial system, even in the slightest degree, or in the most rapid, transient, and fugitive manner. This fact, and numerous similar facts in regard to many other narcotics, show conclusively that the Brunonian hypothesis that all narcotics are primarily stimulant, is altogether without foundation. This, and many other of Brown's errors that still pass current among medical authors and practitioners, in all probability originated from the observation of the operation of the *nervine* and *stimulant narcotics*, *opium*, *wine*, and *alcohol* ; and from taking them as

perfect types of the whole class of *narcotics*, when, in fact, they possess other and important powers in addition. I suspect that John Murray's abolition of the class of *stimulants* resulted also from his taking *alcohol*, *wine*, and *opium*, as the type of the *stimulants* also, which led him to unite the two classes. Upon the same principles he might also have abolished the class *nervines*, or *antispasmodics*.

What effect the *Gelseminum* would produce in phlogistic or enteric diathesis, I know not—at least from any observations which I have ever made—as I have never employed it, or seen it employed, under such circumstances. However, I see no reason to doubt that its operation in this condition of the system would be like that of other pure narcotics—i. e. it would do neither good nor hurt. A pure narcotic operation (as I learned many years ago from actual trial, as well as much good testimony) will not subdue phlogistic or entonic action in any degree. I believe that the cases in which it has been supposed to do this, have, undoubtedly, been mere irritative action, and not true phlogistic or entonic diathesis. Irritative action is too frequently mistaken for the phlogistic or entonic. On the other hand, those narcotics which are not stimulant, and which do not possess any other powers, appear to me to be wholly incapable of aggravating any phlogistic or entonic disease, and therefore they produce neither benefit nor injury in such cases, unless it is upon Cicero's principle, ‘*quicquid non adjurat obstat*.’

I have likewise carefully watched the effects of this article, for the purpose of ascertaining whether it possesses any true nervine powers; but I have never been able to perceive any. I have never been able to discover that it obviates languor and lassitude under any circumstances, that it produces any degree of the calm, placid, and pleasurable sensation, or of the preternatural watchfulness, or of the exhilaration, which characterize the nervines. As far as I can judge, all its power of allaying morbid irritability and irritation, and irritative action generally, seems to depend exclusively upon its narcotic operation.

I am therefore led to consider this article as a perfectly pure narcotic, and I am in the habit of using it as such in all cases where pure narcotics are indicated; and I have seldom been disappointed in its medicinal effects. It appears to me to be perfectly analogous in its operation to the hydrocyanic acid. If this opinion is correct, the *Gelseminum* certainly deserves to supersede this last-mentioned agent, which is so liable to be variable in its strength, which is so decomposeable, so difficult to be kept, and, in fact, so troublesome of preparation, at least by ordinary practitioners.

One of my professional friends has suspected this article of being *obstruent* (in the strict technical sense in which I define this term), because it sometimes produces a speedy and direct resolution of certain merely irritative atonic inflammations. It appears to me, however, to be much more probable that it produces this effect solely by virtue of its narcotic, and therefore antirritant powers. Although the essence of entonic phlegmonous inflammation may not be the preternatural strength of action which attends it, yet the thorough removal of such preternatural strength of action always breaks up and obviates the disease; and, in like manner, though irritation may not be the essence of the atonic inflam-

tions which are curable by this article, yet the perfect obviation of all the irritation in such cases may be adequate to break up the disease, precisely as the obviation of preternatural strength of action breaks up and cures entonic phlegmonous inflammation.

The medium dose of the tincture heretofore mentioned, is from fifteen to twenty minims for an adult, which may be repeated at intervals from three to six hours, according to the urgency and other circumstances of the case. As it is such an extremely active article, we should always begin with a sufficiently small dose, to preclude any possible ill effects, which dose should be gradually increased till some slight symptoms of narcosis are manifested. It should then be continued in uniform doses, at regular intervals, taking care to give each succeeding dose a little before the effect of the preceding one has entirely disappeared. It will be obvious that when the system is very much occupied by a severe disease, a much larger quantity must be necessary than under different circumstances ; and the various susceptibilities of different persons must likewise cause a correspondent variation in the required doses.

I have found it often useful to conjoin a moderate quantity of opium with this article, and sometimes even a large quantity. Such a combination is certainly far more antirritant than either article separately, even in larger quantities. Besides, opium seems to counteract the power which this article has of producing ultimate narcosis, in contradistinction from a remedial degree of this operation ; and this often enables a patient to take a much larger quantity of it than he could otherwise tolerate ; and while it prevents the disagreeable effects, it augments its true medicinal powers, and enhances that operation for which it is employed. In low states of the vital energies, it is sometimes useful also to conjoin it with aromatics, alcohol, and tonics. These, in like manner as opium, counteract its liability to produce ultimate narcosis, and, instead of lessening, often greatly augment its useful effects in certain conditions of the system. I suspect that the failure of the pure and simple narcotics to produce beneficial effects in certain cases to which they have been supposed to be appropriate, which is so often complained of, not unfrequently results from a deficiency of skill as respects conjoining them with proper adjuvants and corrigents. It appears to me to be certain, that the aggregate of symptoms which I am in the habit of designating by the phrase *ultimate narcosis*, is never of any remedial utility, any more than ptyalism from mercury. At all events, these symptoms may certainly be counteracted and prevented by acrids, aromatics, and stimulants, without diminishing a particle the useful medicinal effects of any individual narcotic within my knowledge. It is very often the fact, that such a quantity of a given narcotic may be necessary to obviate the symptoms of a particular case of disease, as would produce a troublesome degree of ultimate narcosis without some counteracting agent along with it. Now I am confident that this ultimate narcosis may be perfectly counteracted without at all diminishing the remedial influence of the narcotic employed. Hence the entire fallacy of Dr. Paris's notions in regard to the medicinal incompatibility of stimulants with digitalis, etc.

As the whole of the effects of the *Gelsemium* are merely those of a pure narcotic, so its sole dangerous or deleterious operation consists in

excessive narcosis merely. Now I consider it as well established, that pure, but excessive narcosis, may always be relieved with the greatest certainty by active stimulants, provided they are entered upon before the exhaustion is too extreme, and are given in sufficient quantities. However, when there is reason to think that any material quantity of the substance of the poisonous article remains in the stomach, it ought always to be evacuated at once, and at the very commencement of our treatment, provided the exhaustion is not too extreme to admit of any sufficiently active evacuant process. Under such circumstances, it would be proper to enter immediately upon the freest use of the stimulants, and not to attempt any evacuation till the vital energies are so far increased as to permit the use of such a process, without endangering the instant extinction of life. The rapidity and perfection with which active stimulants give relief under the dangerous operation of the pure narcotics (and this even without the evacuation of the noxious article), is very remarkable ; but, at the same time, it appears to be well ascertained. I have repeatedly witnessed it myself. The stimulants which are to be preferred for the relief of the dangerous operation of excessive quantities of the pure narcotics, and among the rest of the *Gelseminum*, are the water and spirit of alkaline ammonia, the infusion and tincture of capsicum, the spirit of the monarda punctata, or of the laurus cinnamomum, and, above all, alcohol. Some one, or better, a combination of several of these agents, must be given at regular and short intervals, and in such quantities as to produce speedy and decided effects. When these have been produced, the subsequent exhibition of the remedies must be regulated altogether by the condition of the patient, and the symptoms which remain. In an extreme case, while the patient is under this internal treatment, frictions of the extremities, and even of the body, with spirit of ammonia, or of the monarda punctata, or of the laurus cinnamomum, or of the fixed essential oil of capsicum, should be sedulously employed. These preparations should be of just such strength as to produce moderate irritation, and moderate rubefaction, without vesication, and they should be repeated and continued as occasion seems to require. The continuous applications of napkins, kept constantly wet with cold water, to the head, will always be a useful auxiliary to the foregoing medication, except when the powers of life are very nearly extinct, under which circumstances the cold is liable to accelerate the fate of the patient. The foregoing course, it will be perceived, is adapted to a case attended with immediately urgent symptoms. Any judicious physician will easily be able to graduate it to the exigencies of a particular case ; and these, it is obvious, may vary very greatly in degree.

In the autumn of 1829, one of my patients, for whom this article had been prescribed, perceiving no very particular effects from the quantity which had been recommended, took, in pretty quick succession, several rather large doses. Soon after even the first dose, she was sensible of a preternatural propensity to yawn ; and after the second, she complained of a distressing sensation in the epigastric region : but not being aware that these symptoms had any connection with the medicine, she took two additional doses, at no very long interval, in the hope that they might relieve the symptom above mentioned. Very soon after swallowing the

last, the distress in the epigastrium was considerably increased ; vertigo, dimness of sight, faintness, constant nausea, and frequent vomiting, took place; the countenance became pale, and had rather a haggard expression; the extremities, and even the whole surface, became preternaturally cool, and the pulse was scarcely perceptible. Being near at hand, I was immediately summoned. Speedy relief was obtained by two or three doses of nearly undiluted brandy (the only stimulant that happened to be in the house), though the patient did not perfectly recover her natural state till after about twelve hours. At the expiration of that time, she was just as well as before the occurrence of the symptoms now detailed.

Dr. Branch, before mentioned, communicated to me the following imperfect account of a case of death from this article. He says, 'a death occurred in this vicinity, twelve months ago' (probably in 1828), 'from the accidental, or rather ignorant swallowing of the *Gelsemium nitidum*. I have the statement from the father of the child. A girl, aged about eleven years, procured a portion of the stem of this plant, about two and a half feet long, and three fourths of an inch in diameter. After detaching the outside bark' (epidermis), 'she scraped off and eat the inner bark with the sap. In about half an hour, she took a hearty dinner; but before she arose from the table she complained of being partially blind. This symptom increased rapidly, and in a short time she could scarcely see at all. In about three quarters of an hour she had an inclination to lie down, and at the same time complained of considerable nausea. A little cream, oil, etc. were given to her by her parents, which probably neither retarded nor expedited the full effect of the poison. She died in an hour after taking it.'

From my knowledge of this article, I have no doubt that the life of this patient might easily have been saved by a proper use of the stimulants, which are so effectual in relieving pure narcosis, had a skilful physician been at hand to administer and manage them.

The diseases in which I have employed this article, with the greatest apparent advantage, are *Bex idiopathica*, or simple idiopathic cough—*Bex dyspnœica*, or dyspnœal cough—*Bex convulsiva*, or hooping cough—*Dyspnœa exacerbans*, or exacerbating dyspnœa—*Phthisis*, of various species—*Arthritis Rheumatismus v. acutus-atonicus*, or acute atonic rheumatism—and *Arthritis Rheumatismus v. sub-acutus*, or sub-acute rheumatism. In the case of a lady more than sixty years of age, whose disease was the sequel of repeated attacks of either acute-atonic or sub-acute rheumatism, in which the joints were permanently enlarged, and not unfrequently painful, and the lower limbs very nearly paralytic, I once employed the tincture of *Gelsemium* with considerable advantage, though a cure was utterly hopeless. This patient was constitutionally very susceptible to the impression of medicine of every sort. From fifteen to twenty drops of the tincture of this article, repeated five times in the twenty-four hours, kept up a slight degree of vertigo the whole time, and rapidly subdued the pain and soreness of the topical affection. That it did not effect a radical cure, cannot be mentioned as any reproach to the remedy. I once employed the tincture of the *Gelsemium* in the case of a young lady, whose disease was probably hysteria, which threatened to pass into epilepsy. It appeared to control and keep off the parox-

ysms better than anything else which was tried. Recovery ultimately took place under the use of this article, in conjunction with various tonics. The tonics had been previously used for a long time, and with very little if any benefit.

Upon the whole, from my present knowledge of this article, I am inclined to consider it as a good succedaneum for the hydrocyanic acid. At all events, it has a superiority over that article in the facility with which it may be obtained—the uniformity of its strength—and the perfection with which it may be kept (as would appear) for any length of time.

September 20, 1832.

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#### NON-CONTAGIOUSNESS OF TYPHOUS FEVER.

*Remarks on the Non-Contagiousness of Typhous Fever.* By JOHN ROSE, M.D., Rensselaerville, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR.—I see an article in your paper by Jonathan Sibley, M.D. endeavoring to produce arguments in favor of the contagiousness of typhous fever. It would seem rational, before coming to the conclusion that typhous fever is contagious, that we should have some idea of fever, and come to some definition of typhus. In the first place, what is a fever? Is heat, as was supposed by the Greeks, a pathognomonic sign of idiopathic fever? I can readily answer, No. Heat is not always present in fever; and in some it is below the natural temperature of the body, from beginning to end. The number of the pulse, preternaturally augmented, is another symptom, by the help of which some define fever; but as the number of the pulse is not always augmented, it cannot be set down as one of the infallible signs of fever. Many other things accelerate the circulation without producing fever, such as running, speaking, or any great exertion of the body. So will the mind cause an increase in the frequency of the pulse, as may be perceived in a public speaker, who makes a mistake while desiring to excel. It is likewise quickened in the lady who suddenly meets the object of her love. In these cases they cannot be said to have an idiopathic fever. (I may be understood to mean idiopathic fever, whenever fever is mentioned in these remarks.) Thirst is not a pathognomonic sign of fever, for in many instances it has been entirely wanting.

The essence of fever may be said to be those symptoms that constitute the access—the patient may be taken suddenly or not. These symptoms can hardly be described to one who has never seen a case of fever; because there are appearances which cannot be made sensible to another, from the bareness of words. Hence, it is impossible to describe the peculiar appearance of the countenance of a person when about to swear to a falsehood. We cannot convey the idea of the odor of a rose to a man by description; and to obtain a correct idea of its flavor, it must be applied to his own nose. Those who have had a fever may receive some idea of what I mean by the access, if they will call to mind

those disagreeable sensations they had at the commencement of the fever ; described by some as suddenly feeling a listlessness, a sense of debility, languor, sluggishness in motion, frequent yawning and stretching, with a general uneasiness of the whole system, known only to the sufferer. It commonly happens, after the access has continued some time, that it is succeeded by the cold stage. During this stage the patient feels a sense of coldness in his back, thence spreading over his whole body. It frequently goes on increasing, producing a tremor in all his limbs, with frequent *succussions* or rigors of the trunk of the body. When this sense of cold and rigors has continued some time, these become less violent, and are alternated with warm flushings. After a short time the cold entirely subsides, and a heat greater than natural prevails. These symptoms frequently follow the access, though not always. Heat, frequency of the pulse, the particular state of the tongue, and the symptoms that have generally been given as essential to fever, not always being present, cannot be said to constitute the disease. The symptoms of the access, being always present, I call the essence of the disease. Those symptoms being removed, the disease is cured.

A fever is a disease that affects the whole system—which was the opinion of Fordyce. You shall have it in his own words. ‘A fever is a disease which affects the whole system : it affects the head, the trunk of the body, the extremities ; it affects the circulation, the absorption, and the nervous system ; it affects the body, and it affects likewise the mind. It is therefore a disease of the whole system, in every kind of sense. It does not, however, affect the various parts of the system uniformly and equally ; but, on the contrary, sometimes one part is much more affected in comparison to the affection of another. Sometimes those parts that were most affected at one time, are the least at other times ; so that the appearances which are the principal ones in one fever, are by much the slightest in another, or sometimes are totally absent.’

I come now to the division of fever, and this is altogether arbitrary. There is nothing that we know of the origin, nature, or treatment of fever, by which we can make natural divisions. Among the trees of the forest there are certain characteristic marks, by which we can certainly distinguish an oak tree from a willow. By some, fever is divided into *syno-cha*, *synochus*, and *typhus*. Dr. Good divided *typhus* into *typhus gravior*, and *typhus mitior*. There is one division of fever that seems to be more distinctly marked, and this is a division into *intermittent* and *continued* fever ; but if we believe what Dr. Good has said, we may well doubt this division. In Good’s Study of Medicine, Vol. II. page 65, you will find that a fever assumes different types and characters. To use his words—‘When *intermittent* has raged very extensively, it has not unfrequently established a type of one kind in one person, and of another kind in another ; whilst in the same patient *quotidians* have changed to *tertians*, *tertians* to *quartans*, *quartans* to *quotidians*, and all of them, in a few instances, to *continued* fever, in the most capricious and anomalous manner.’ And there are a hundred other divisions of fever, some depending on the part most affected, such as *bilious* and *sweating fevers*, and others depending on the length of time they are supposed to be in running their course. These divisions are not marked by any specific

symptoms or set of symptoms—they exist only in men's minds. It is well to have these arbitrary divisions, for the better investigation of the disease, and for communicating our ideas to one another the more intelligibly. It seems that some medical men make typhous fever to be just what they please; consequently you hear that one physician cures his patients by phlebotomy, cathartics, and nauseating doses of tartar emetics; while another depends upon the stimulating practice from the commencement, moving the bowels only by gentle laxatives. Perhaps the definition of typhous fever, as given by Dr. Good, may convey what is generally meant by typhus, which is the following: ‘Pulse small, weak, and unequal, usually frequent; heat nearly natural; great sensorial debility, and disturbance of the mental powers.’ The above is a fever that is in nowise contagious.

The word contagion is used by many very ambiguously, and without any precise meaning; they often use the words infectious and contagious synonymously. What I mean by contagion, is this: a certain deleterious something generated by and coming from a sick person, shall touch the body of a person or individual in good health, and communicate to him a similar disease; and this to be done while surrounded with salubrious air. And what I mean by infection, is, a certain deleterious something originated frequently in dirty and filthy places, and may be carried in the clothes or otherwise to a person, causing a fever in said individual, after coming in contact with his body, and remaining some time, till it is imbibed or soaked in.

Against the contagiousness of typhus is this, that it cannot be traced from one individual to another, agreeably to the laws of contagion; and further, the majority of persons that are exposed to fevers do not have the disease, although exposed to the local cause which originated the fever, while visiting the sick. Fevers are frequently imported, but not contagious.

I was informed by Dr. Jackson, of Boston, while attending his lectures, that some few years ago a ship, called the Ten-Brothers, arrived in Boston, and that no person was sick with fever on board at the time of her arrival, nor had there been for some time previous. A number of men, ten or twelve, went on board and worked two or three days; with them was the custom-house officer, who, with most of the others, took a fever of a most malignant character. These men went to their several places of abode in the city, and there went through the disease. No one took it of them. This fever was imported, but not contagious.

The cause of fevers seems to be something in the locality of the soil or ground. Epidemics are frequently confined to very narrow limits; sometimes to a city, at other times to half a city, and frequently to one particular part of a city—for instance, to one ward; and no one in the other parts of the city is affected by the epidemic, although there must unavoidably be an intercourse between the sick and well. Were a fever to prevail in a village, and should people visit said place, and remain there two or three days, and a few of which should afterwards have a fever, it would not, in this case, be good evidence that the fever was contagious. It would be more reasonable to suppose that they took it from the same local cause that existed in the village. And this idea is

strengthened by this fact : you remove the sick from this village to a healthy location, and then these individuals might visit them with impunity. A person seldom takes a fever without being exposed to the sick for twenty-four hours or more, and then it must be to the sick where the disease originated ; which forces us to conclude that the visiter took the disease from the local cause that originated the fever.

There are sometimes facts brought forward to show that fever is contagious, because when it makes its appearance in a certain family, a number of the family will often be sick with the prevailing epidemic, and not unfrequently one will be taken after another, until nearly all the members have been brought down by the disease. But this may be accounted for, when we call to mind that they all are subject to the same local causes ; live upon similar articles of food ; drink the same kind of water ; and have a similarity of constitution and predisposition to disease. And when they believe in the contagiousness of fever, this is an exciting cause, as is also the fatigue both of body and mind when friends are sick.

Fordyce, after assiduously investigating fever forty years, came to the conclusion that it was not contagious. Yet, he said, out of two hundred people, one hundred having been exposed to fever, and the other not, a few more will have fever out of the hundred exposed. And Fordyce accounts for it very easily : he says, the exposure to the sick acts as an exciting cause. If you are exposed to a location crowded by people, sick or well, so as to unfit the air for respiration, it will act as an exciting cause. It often happens, when an army is visited by dysentery, that cases are multiplied by the encampment of the soldiers, and especially so if much crowded together. This crowding together acts as an exciting cause in those persons predisposed to the disease.

The late and worthy Dr. Smith, in his *Essay on Typhous Fever*, had some singular ideas. He believed it *sui generis*. He said he did not know but typhus had some effect on the morals ; for, said he, one of my patients, who had had the disease, immediately upon his recovery stole some article of clothing and made off, although it was said he had been honest previous to his sickness. A physician in our country, deservedly celebrated, used to say, that he could tell whether the fever was a typhus or not immediately on entering the room, although blindfold. This man must have had a very nice sense of smell. I think it must have been equal to the sight and hearing of a couple of gentlemen who fell in company with each other. One said, I cannot hear very well, but can see a very minute object at a great distance. The other said, he could not see very well, but his hearing was wonderfully acute. One said, I see a fly on the vane of that meeting-house ; do you see it ? No, said he, but I hear him walk. To trace typhous fever from one person to another, as contagionists must suppose it propagated, would require persons possessed of senses as sharp as the ones above alluded to. And some other persons would be wanted, with senses equally acute, to follow up the families in which the disease had prevailed, to see if their hair did not fall off, which is of sufficient consequence, with some, to set those down as idiopathic cases of typhus ; although the indisposition in these patients was so slight that typhus could not be detected at the time of the disease.

I consider typhus to be a low continued fever, with not only prostra-

tion of strength, but in the worst cases with great debility, requiring the strongest stimulants. And I believe this disease is caused by some deleterious substance or miasma generated generally in the neighborhood of the soil ; and that it is not contagious, for, giving things their due weight, it cannot be traced from one person to another, agreeably to the laws of contagion. And all the facts that tend to show it to be contagious, may be perfectly explained on true pathological principles, without being under the least necessity of consenting to its contagiousness.

September, 1832.

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#### FOREIGN SUBSTANCE IN THE BACK.

*Extraction of Foreign Substance from the Back.* By H. A. BARROWS,  
M.D., Leeds, Maine.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 14TH.—M. C—k, aged thirty-two, complains of pain and uneasiness in the right shoulder, and says it has troubled him for some weeks. Upon examining the part, find no discoloration or tumefaction, but a circumscribed soreness at the inferior angle of the right scapula, often attended with a sharp pain.

20th.—Patient no better ; pain and soreness more severe ; says it resembles the pain of rheumatism, and occasions much inconvenience about his labor. On examination, find there is a slight feeling of hardness, but the tumor is so small and indefinite that nothing can be made of it. Ordered a stimulating plaster.

24th.—Patient worse ; the plaster has done no good ; pain at times very acute ; says he thinks he can feel something in his back like a penknife blade. Proceeded forthwith to search for the penknife, and find there is indeed that article or some other foreign body in the man's back. The slight feeling of hardness of the 20th had now become a well-defined oblong tumor, very superficial, and two inches in length. I now proceeded to extract this foreign substance, which proved to be, not exactly a penknife, but a long, well-formed *sewing needle*, perfect and entire.

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BOSTON, OCTOBER 3, 1832.

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#### THE CHOLERA IN BOSTON.

This disease can scarce be said to have existed as an *epidemic* in this city. There have been but few cases reported, and but one since the 21st of September. Those that have been reported have been malignant, and mostly fatal. Most of them, however, occurred in or about Fessenden

Court, a yard out of Elliot Street, in which the sources of filth and disease were sufficient to account for the development which was there witnessed. On opening the drain, it was found to be obstructed, and that the materials that should have passed into the common sewer, had for some time found their way directly into the well which supplied the inhabitants of the court with water. In addition to this, the stench in and near the court had been remarked upon by the passers-by, for several weeks previous, and, even to the inhabitants themselves, had been a matter of some conversation and uneasiness. There does not then appear much cause to believe that the disease has yet had its course among us as an epidemic.

On Saturday last it was decided to close three of the Cholera Hospitals—that in Tremont Street still to be kept open. This measure may be regarded as a decided expression of the happy state of public feeling now existing on the topic. As to the expediency of the measure itself, there may yet remain perhaps some doubt in the minds of those who have watched the capricious and irregular movements of the disease. Were we justified in reasoning in regard to this, from the analogy of the bowel complaints indigenous in this climate, we might believe that after the first of October there would be little reason to fear it. But those who have examined carefully into the history of its progress, are aware that the approach of winter has not arrested it, or prevented its extension, in those countries and districts where it had become epidemic; although we are not certain that it has commenced its ravages in any new location at a distance from its previous prevalence, during the coldest of the winter season.

The most signal instances of the destructive violence of malignant cholera will be found to have occurred between the months of April and November. In Astrachan the disease commenced in July; in Orenburg, in September; in Moscow, in October. Its ravages in Warsaw date from April; in Dantzig, from May; and in St. Petersburg, from June. In Paris it began about the end of March; in Montreal and Quebec, in June; in New York and Albany, in July. It is no doubt true, however, that when raging in Orenburg, it continued with little abatement till the month of February, and that its greatest prevalence in England was during the winter of 1831. But it should be remarked, as affording some explanation of these facts, that in Russia all classes live, through the cold season, in close, heated, ill-ventilated habitations, and that the past winter in England was mild and wet to a degree which has not been experienced for many years. We are not therefore unwilling to share the belief so generally and joyfully expressed by our friends and neighbors, that we shall enjoy a reprieve during the present and approaching seasons; although it is most certain, that, whether the prayers of this community have been heard, and it is to be blest by a permanent immunity, or whether, with the

return of spring, this invincible enemy is to make a second appearance among us, and a longer visit, the progress of events alone can determine.

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THE INDIGENOUS PRODUCTIONS OF OUR FORESTS.

It has long been desired by the medical profession that some competent person might occupy himself in searching out, and laying before the public, some account of the medicinal properties of such indigenous plants as promise to become useful additions to our *materia medica*. It is a common, and by no means futile hope, that there exists much hidden healing virtue in some of these productions of the vegetable world. Hence the confidence often placed in the compounds of the charlatan who deals only in roots and herbs—a confidence which is oftener itself the cause of cure, than is the nostrum on which it rests—a confidence beyond that generally placed in the most learned physician, and which, if still further wedded by the Indian hue or grotesque costume or demeanor of the dispenser, or any of the other tricks so common among the ignorant pretenders to medical skill, is often won from the high-minded and intelligent, as well as the ignorant and weak.

Little doubt can exist that the notion in which this confidence originates has a good foundation. The error consists in the absurd supposition that the chemical and medicinal properties of plants should be discovered by weak and unlettered pretenders, rather than by men of science. Even should the former class of persons accidentally stumble on a new fact of this description, they would be utterly incompetent to apply it to the cure of disease, of the nature of which they must be ignorant. It is on those of the latter class—on intelligent, learned, enterprising men, that we must depend, to enlighten this dark portion of science, to develop more fully the resources offered the American physician in the vegetable productions of his country.

Dr. Tully, of New Haven, has not only undertaken, but pursued for a long time, and with great success, this arduous investigation. His remarks, which he has kindly communicated for the pages of our Journal, and which we have already recorded, on subjects of this nature, have a rare value to the practitioner. In our next we shall publish his researches on the *Helonias Erythrosperma* of Michaux, and others will follow them no less interesting or important. We cannot but congratulate the reader that he is to receive so coveted information from such a source; for to no one, we presume, would the profession confide this trust with more confidence than to Prof. Tully.

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HOSPITALS.

MASSACHUSETTS GENERAL HOSPITAL.—By the bequest of the late Miss Belknap, an accession is made to the funds of this Institution of about

50 or 60 thousand dollars. This sum will enable the Trustees to extend still more widely the benefits of the Hospital ; and it is to be hoped that some portion of it may be so applied as to increase the number of free beds, for which there is a constant and increasing call.

**MCLEAN ASYLUM FOR THE INSANE.**—Dr. Wyman recently retired from the duties of Physician and Superintendent of the Asylum, which he has long discharged with great fidelity, on account of ill health. We are pleased to be able to state, that he is so far restored as to render it probable he will still afford the inmates of the Institution the benefit of his skill and experience as their physician. Of the duties of superintendence he will probably be relieved by the Trustees.

**BOSTON LYING-IN HOSPITAL.**—This, the first Institution of the kind, we believe, in New England, was opened in this city about a week ago, and there have already been several applications for admission. Its funds were obtained by subscription, and are somewhat limited at present. The call for this charity has long been urgent ; and we rejoice that at last, after several unsuccessful attempts to furnish proper accommodations and attendance for extremely destitute women at so critical a period, means have been found to make so auspicious a beginning. The House is located at 718 Washington Street. It is under the immediate supervision of 24 directresses, who admit no patients but such as bear a good moral character—married women, or such as have been recently widowed.

The resident physician is Dr. Hook. The attending physicians, Drs. Channing and Hale. The consulting physicians, Drs. Warren, Bigelow, and Hayward.

The payment of \$300 entitles the donor to the command of a bed for one patient a year.

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**Attempted Assassination of M. Dupuytren.**—An individual had been a few days in the Hôtel Dieu with a wound in the left leg. He walked there, and there was nothing at that period in his appearance to indicate insanity. The next morning, however, he was in a state of excitement, and delirium was manifest. The patient jumped from his bed, came out, and would have precipitated himself into the Seine, if he had not been prevented. His ideas took another course. He begged of the attendants to amputate his leg, and asked for a saw to saw the bones ; and having made a second escape, he went to the attendant of the hospital, and begged him, in the most earnest manner, to cut off his leg. This conduct was at first attributed to a mere nervous fit of delirium; and in order to prevent him from doing mischief, a strait-waistcoat was put on him, and proper medicines administered. When M. Dupuytren visited the patient on Saturday, one of the attendants, it appears, had loosened the strings, although, when the former approached the bed, he kept his arms as if they were confined. Suddenly, however, the madman jumped out of his bed in his shirt, and throwing himself with great force upon his knees, begged of him to have the strait-waistcoat taken off, and only to tie his hands with cords. M. Dupuytren endeavored to convince the man that

the strait-waistcoat was the least inconvenient for him; but in the instant he started up in a furious manner, struck M. Dupuytren a violent blow with his left hand on the chest, and then exhibited a large knife with his right hand, and would have wounded M. Dupuytren with it if assistance had not been near. The person who wrested the knife from the man received a severe wound on his finger. M. Dupuytren, in relating these facts, made some interesting remarks on the nature of nervous maladies, and the acts to which patients afflicted by them are likely to resort. The individual in question, it appears, had no motive of hatred towards Dupuytren; and the cunning with which he concealed the knife with the last fingers of the right hand, while the others, stretched out, gave him the appearance of a suppliant, shows the method of his madness.—*Nouvelles.*

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*Royal College of Physicians*—Sir Henry Halford, Bart., president, in the chair.—The second meeting for the season was numerously attended, not only by the most eminent members of the medical profession, but also by many learned and distinguished visitors. Dr. F. Hawkins, the registrar, read a paper, communicated by Dr. Latham, “on the use of opium in fever.” The author stated, that there are certain forms of fever in which the affection of the sensorium greatly outruns and is wholly disproportionate to that of the bloodvessels. He described these forms of attack with considerable minuteness, and stated that they are incident, not so much to the sound and vigorous as to those whose nervous systems have been impaired and shattered by their previous life, whether passed in the strife of politics, amidst the anxieties of mercantile gambling, or under the wear and tear of hard professional toil; but to the same condition, also, the lowest and meanest of mankind may be brought by their cares, and hardships, and privations—and there is no cause which produces this state so frequently as intemperance. The author particularly recommended that the nature of each person’s disease should be considered with a reference to his previous habits and state of health. The form of fever which he described is distinguished by wakefulness, and sometimes by delirium; which symptoms can only, he thinks, be subdued by opium; but opiates must be administered in much smaller doses than would be necessary if the patient were suffering from the same symptoms, and *not* affected with fever. In these cases he thinks that life may often be saved by the dexterous use of opium, when it would be lost inevitably without it.

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*Contagion*.—In the month of September, 1784, a poor woman died in the hospital at Aberdeen, and was buried in a churchyard in the neighborhood. A company of young surgeons agreed with the grave-digger to set a mark on the grave, as a direction for them to find the body for anatomical purposes; but some person, in order to disappoint the grave-digger’s employers, moved the signal to another grave—that of a woman who had been buried three or four months. The party came, and, directed by the mark agreed on, dug up the grave, drew out the coffin, and carried it home. But, upon opening it, a vapor like fume of brimstone came forth, and suffocated them in an instant. Two women, also, going past the room, fell down dead, and it was said that eleven persons perished from the baneful effluvia.—*Taylor on Premature Interment.*

*The Living Skeleton Deceased.*—Calvin Edson, so well known under the title of the Living Skeleton, recently died in Vermont. It is said that a tape worm, twelve or fourteen feet in length, was found in his stomach after death. If this is true, his extraordinary appetite and emaciation remain no longer so great a mystery.

*Appearances in the Body of M. Perier.*—The body retained an extraordinary degree of heat. The most remarkable circumstance about the head was the thickness of the skull. There was a little serous effusion under the membranes, but the brain was healthy. The stomach, internally, presented several portions of a bright red, from the minute injection of vessels, in an efflorescent form; similar spots presented themselves in various portions of the alimentary canal, and the mucous membrane was in several places much attenuated. The lungs were healthy, the heart soft and flaccid, and the walls of the ventricles thinner than natural.

Whole number of deaths in Boston for the week ending Sept. 29, 36. Males, 22—Females, 14.  
Of dysentery, 3—croup, 2—consumption, 7—throat distemper, 1—infantile, 3—convulsions, 1—drop-sy in the brain, 3—old age, 3—drowned, 1—cholera infantum, 1—hip complaint, 1—killed in an affray, 1—cancer, 1—Inflammation in the bowels, 1—marasmus, 1—typhus fever, 1—inflammation in the stomach, 1—accidental, 2—debility, 1—esy pipelins, 1—canker in the bowels, 1—scarlet fever, 1—brain fever, 1.

#### ADVERTISEMENTS.

##### BOYLSTON MEDICAL PRIZE QUESTIONS.

At the Annual Meeting of the Boylston Committee on Prize Questions, held on Wednesday, the 1st day of August, 1832, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Robert W. Haxall, M.D., of Richmond, Virginia, for a Dissertation on the following question: 'What is the cause of Pustula Lachrymalis; and what is the best mode of treating this disease?'

The following questions for 1833 are before the public, viz: 1st. 'The History of the Autumnal Diseases of New England.'

2d. 'What Insects in the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?'

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1833.

The following questions are offered for the year 1834, viz: 1st. 'What is the true nature of Polypas in the nostrils; and in what manner may the disease be best treated?'

2d. 'Are the restrictions on the entrance of vessels into port, called Quarantine Laws, useful? If so, in what cases should they be applied?'

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1834.

The author of the successful dissertation on either of the above subjects, will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1832, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

GEORGE HAYWARD, Secretary.

Boston, August 4, 1832.

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